



North Carolina  
Department of Health and Human Services  
**Division of Medical Assistance**  
**Managed Care**

1985 Umstead Drive – 2516 Mail Service Center - Raleigh, N.C. 27699-2516

Courier Number 56-20-06

Michael F. Easley, Governor  
Carmen Hooker Buell, Secretary

Nina M. Yeager, Director

**HEALTH CHECK OUTREACH PROJECT  
AGREEMENT**

This agreement between the North Carolina Department of Health and Human Services, Division of Medical Assistance (DMA) and Division of Public Health (DPH), Smart Start and \_\_\_\_\_ (agency name) is to establish and maintain a Health Check Outreach Project in **(NAME) County**.

DMA agrees to:

1. Provide ongoing Health Check Program guidance and consultation.
2. Provide Health Check Introductory Training for Health Check Coordinators (HCCs) and Supervisors.
3. Implement and maintain the Automated Information and Notification System (AINS) in the county subsequent to required training of agency staff.

The \_\_\_\_\_ (agency) agrees to:

1. Implement and operate the Health Check Project in accordance with State Health Check Program Policies and Procedures.
2. Assure that each HCC(s) and Supervisor will attend the Health Check Introductory Training within the time frames agreed upon with DMA.

**Health Check Agreement - continued**

3. Serve the entire county by providing Health Check coordination services to families of Medicaid-eligible children from birth through age 20 and their siblings.
4. Assure that HCC(s) devote 100% of their time to Health Check Program activities. HCC(s) are required to dedicate 50% of their time to direct client contact. Client related activities, including direct client contact, must account for 75% of HCC(s) time.
5. Purchase appropriate hardware (PC) and software for utilization of AINS data. The data is confidential and should be utilized for Health Check related duties only.
6. Submit the County Options Change Request (COCR) Form to DMA within 15 calendar days when (1) a change occurs in the name, address or phone number of an HCC, or (2) when an HCC is hired, terminated or placed on extended leave which is not covered by Health Check reimbursement. All COCR forms must be signed by the HCC Supervisor.

This agreement is effective on \_\_\_\_\_ (**DMA to complete**) and supersedes all other agreements. Additionally, this agreement will remain in effect until amended or terminated pursuant to the terms of this agreement. Any party may terminate this agreement upon thirty (30) days written notice.

\_\_\_\_\_  
Agency Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name of Agency Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
DMA Division Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
DPH Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Smart Start Representative

\_\_\_\_\_  
Date

**Appendix 4-5**